

Qty Purchase Agreement QPA Number	Page
00000000000000000000000012994	1 of 2
Requisition Nbr.:	Bloodborne Pathogen Spill Kits
Effective Date:	03/13/2013
Expiration Date:	03/31/2015
Agency Number:	
Facility:	ASA-13-Bona Vista
Vendor ID:	0000052666
Vendor Telephone Nbr:	765-457-8273
Name Of Contact Pers:	JOHN MYER
Contact Email:	JMYER@BONAVISTA.ORG
FAX Number:	765-454-5343

Name and Address of Vendor: BONA VISTA PROGRAMS INC
BONA VISTA PROGRAMS INC.
PO BOX 2496
KOKOMO IN 46904-2496

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
			<p>This is an award of a Quantity Purchase Agreement for Spill Kits and Replacement Items</p> <p>QPA can be mutually renewed yearly for three additional years.</p> <p>The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.</p> <p>Quantities are estimates and actual usage could be substantially more or less.</p> <p>The vendor must maintain, at a minimum the information listed below in Excel format and supplied to the State within one week of the request.</p> <p>The report must include purchases from State Agencies and any Political Subdivision's purchases.</p> <p>* Entity Name * Entity Address * Date of Order * Purchase Order Number * Description of Goods Ordered * Quantity * Order Total . .</p>	
1	99,999,999.00 EA	000000000100012988	Universal Precaution Spill Kit with: 2 Paper Towels,1 Pair Latex Gloves,1 Packet Red Z Absorbent Powder,2 Towelettes,1 Spatula,1 Red Biohazard Trash Bag,1 Instructions	6.0000
2	99,999,999.00 KT	000000000100113356	Universal Precaution Spill Kit with: 2 Paper Towels,1 Pair Latex Gloves,1 Packet Red Z Absorbent Powder,2 Towelettes,1 Spatula,1 Red Biohazard Trash Bag,1 Instruction Page (Qty: 100-499)	5.7500
3	99,999,999.00 KT	000000000100113357	Universal Precaution Spill Kit with: 2 Paper Towels,1 Pair Latex Gloves,1 Packet Red Z Absorbent Powder,2 Towelettes,1 Spatula,1 Red Biohazard Trash Bag,1 Instruction Page (Qty: 500 +)	5.5000
4	99,999,999.00 EA	000000000100026673	Gloves,Replacement for Spill Kit	0.5500
5	99,999,999.00 EA	000000000100026674	Red Z,Replacement for Spill Kit	2.5500
6	99,999,999.00 EA	000000000100026679	Wipes,Anti-Micro-bacterial,Replacement for Spill Kit	0.2000
7	99,999,999.00 EA	000000000100026680	Spatula/Scoop,Replacement for Spill Kit	1.1000
8	99,999,999.00 EA	000000000100026681	Bags,Red Biohazard,Replacement for Spill Kit	0.6000
9	99,999,999.00 EA	000000000100026682	Wipes,All Purpose,Replacement for Spill Kit	0.2500
10	99,999,999.00 EA	000000000100026683	Insert,Spill Kit,Replacement for Spill Kit	0.1500

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Line Number	Quantity	UNIT	Article and Description	Unit Price
The following UN/CEFACT Unit of Measure				
Common Codes are used in this document:				
		EA	Each	
		KT	Kit	

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		